

Fayette County Parks and Recreation Department

Winter 2011 Adult Basketball Registration Form

Please print all information legibly.

Please circle:

Men's

Women's

Team Name: _____

Coach's Name: _____

Street Address: _____

City/Town: _____

Zip: _____

Phone:

H)

W)

C)

Fax)

E-mail Address: _____

Assistant Coach's Name: _____

Phone: H)

C)

E-mail Address: _____

(We will try to accommodate requests made at this time only. We will not reschedule any game unless the game is postponed by Fayette County Parks and Recreation Department.)

Special Scheduling Requests: _____

For Office Use Only:

For Coordinator Use Only:

Amount Rec: _____

Date: _____

Cash/Check _____

Initials: _____

League Fee: _____

NR Fees: _____